

L16000158685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

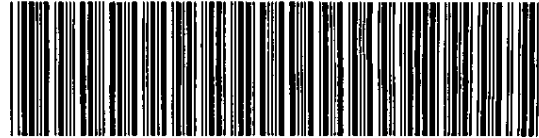
(Business Entity Name)

(Document Number)

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Real Estate Law  
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October 5, 2016

File #4138

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Hancock/CSF2 Ventures LLC/Filing of Statement of Authority

Dear Sir/Madam:

You will find enclosed the following documents to be filed with the Division of Corporations:

1. A two page Statement of Authority for CSF2 Ventures LLC.

You will find enclosed our firm's check #8780 in the amount of \$25.00, as payment of the filing fee for the Statement of Authority.

Once the Statement of Authority has been filed, please return a copy of the filed document in the enclosed self-addressed, postage-paid envelope.

If you have any questions please give our office a call.

Kindest regards,  
Stross Law Firm, P.A.

A handwritten signature in black ink, appearing to read "Lois S. Smith".

Lois S. Smith,  
Real Estate Paralegal

/lss

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CSF2 VENTURES LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Matthew H. Mahoney**

\_\_\_\_\_  
Name of Person

**CSF2 VENTURES LLC**

\_\_\_\_\_  
Firm/Company

**8614 MAIDSTONE CT**

\_\_\_\_\_  
Address

**LARGO, FL 33777**

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Matthew H. Mahoney**

\_\_\_\_\_  
Name of Person

at ( **727** )

Area Code

**452-3889**

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

**STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: CSF2 VENTURES LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000158685

**THIRD:** The street address of the limited liability company's principal office is:

8614 MAIDSTONE CT

LARGO, FL 33777

The mailing address of the limited liability company's principal office is:

8614 MAIDSTONE CT

LARGO, FL 33777

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company:

a. Granted to: Matthew H. Mahoney and Erin A. Mahoney

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Matthew H. Mahoney and Erin A. Mahoney

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Matthew H. Mahoney  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)